| Fill in this information to identify your case: | | |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF MICHIGAN | - | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|--|--|----|---|
| | | About Debtor 1: | А | about Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on | Marion | | |
| | your government-issued picture identification (for example, your driver's | First name | | irst name |
| | license or passport). | Middle name | M | fliddle name |
| | Bring your picture | Mundy | | |
| | identification to your meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | La | ast name and Suffix (Sr., Jr., II, III) |
| | - | | | |
| 2. | All other names you have used in the last 8 years | • | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6430 | | |

| Del | otor 1 Marion Mundy | | Case number (if known) | | |
|-----|---|---|--|--|--|
| | | | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. | | |
| | Include trade names and doing business as names | Business name(s) | Business name(s) | | |
| | | EIN | EIN | | |
| 5. | Where you live | 9070 N Saginaw Rd, #127 | If Debtor 2 lives at a different address: | | |
| | | Mount Morris, MI 48458 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Genesee County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| | | | | | |

bankruptcy

Why you are choosing this district to file for

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

| Deb | otor 1 Marion Mundy | | | | | Case number (if known) | | | |
|-----|---|------------------------|--|--|-------------------------------------|---|------------------|--|--|
| | | | | | | | | | |
| Par | t 2: Tell the Court About | Your Bankrupto | y Case | | | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | or a brief description Also, go to the top o | | | y 11 U.S.C. § 342(b) for Individuals Filing for Eate box. | 3ankruptcy | | |
| | choosing to file under | Chapter 7 | ■ Chapter 7 | | | | | | |
| | | ☐ Chapter 11 | | | | | | | |
| | | ☐ Chapter 12 | | | | | | | |
| | | ☐ Chapter 13 | | | | | | | |
| | | | | | | | | | |
| 8. | How you will pay the fee | about ho order. If | ☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. | | | | | | |
| | | | | | | tion, sign and attach the Application for Individ | luals to Pay | | |
| | | | ng Fee in Installmen | • | , | ion only if you are filing for Chapter 7. By law, | a iudae may | | |
| | | but is no applies t | t required to, waive o your family size a | your fee, and mand mand you are unable | y do so only if y to pay the fee | your income is less than 150% of the official position in installments). If you choose this option, you | overty line that | | |
| | | the Appl | ication to Have the | Chapter 7 Filing F | Fee Waived (Off | fficial Form 103B) and file it with your petition. | | | |
| | Harris and Clark Com | | | | | | | | |
| 9. | Have you filed for bankruptcy within the | No. | | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | | |
| | | Dis | trict | | Vhen | Case number | | | |
| | | Dis | | | Vhen | | | | |
| | | Dis | trict | V | Vhen | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No | | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an | ☐ Yes. | | | | | | | |
| | affiliate? | | | | | | | | |
| | | Deb | | | | Relationship to you | | | |
| | | | trict | V | Vhen | Case number, if known | | | |
| | | Deb | - | | | Relationship to you | | | |
| | | Dis | trict | V | Vhen | Case number, if known | | | |
| 11. | Do you rent your | ■ No. Go | o to line 12. | | | | | | |
| | residence? | ☐ Yes. Ha | as your landlord obt | ained an eviction | judgment agair | nst you? | | | |
| | | | | | - | | | | |
| | | | | nitial Statement Al | oout an Evictior | n Judgment Against You (Form 101A) and file | it as part of | | |
| | | | · | | | | | | |
| | | | | | | | | | |

|)eb | tor 1 Marion Mundy | | | | Case number (if known) |
|-----|--|----------------------|--|--|--|
| | | | | | |
| ar | Report About Any Bu | ısinesses | You Own | as a Sole Propriet | or |
| 2. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of busi | iness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, State | e & ZIP Code |
| | separate sheet and attach it to this petition. | | Check | the appropriate box | x to describe your business: |
| | | | | | ess (as defined in 11 U.S.C. § 101(27A)) |
| | | | _ | | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | · · | efined in 11 U.S.C. § 101(53A)) |
| | | | | • | r (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | |
| | | | | | |
| 3. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? | proceed you are o | under Sub choosing to v statemer | ochapter V so that it of proceed under Sub | court must know whether you are a small business debtor or a debtor choosing to can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. |
| | For a definition of small | ■ No. | I am n | ot filing under Chapt | ter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. |
| | | ☐ Yes. | | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. |
| ar | Report if You Own or | Have Any | y Hazardo | us Property or Any | Property That Needs Immediate Attention |
| 4. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is t | he hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | |
| | argent repairs: | | | | Number, Street, City, State & Zip Code |
| | | | | | |
| | | | | | |

Debtor 1 Marion Mundy

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Marion Mundy | | | Case nui | mber (if known) | | |
|---|---|--|---|---|---|--|--|
| ar | t 6: Answer These Questi | ons for Repo | rting Purposes | | | | |
| 16. | What kind of debts do you have? | | | sumer debts? Consumer debts are al, family, or household purpose." | defined in 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | | | ness debts? Business debts are denent or through the operation of the | | | |
| | | | No. Go to line 16c. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16c. Sta | ate the type of debts you owe | that are not consumer debts or bus | iness debts | | |
| 17. | Are you filing under Chapter 7? | □ No. Ia | m not filing under Chapter 7. | Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| are paid that funds will be available for distribution to unsecured creditors? | | _ | Yes | | | | |
| 18. | How many Creditors do you estimate that you owe? | ■ 1-49 □ 50-99 □ 100-199 □ 200-999 | | ☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to be worth? | \$0 - \$50,0 \$50,001 - \$100,001 \$500,001 | \$100,000 - \$500,000 | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities to be? | \$0 - \$50,0 \$50,001 - \$100,001 \$500,001 | \$100,000 - \$500,000 | ☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion | | |
| ar | t 7: Sign Below | | | | | | |
| or | you | I have exami | ned this petition, and I declare | e under penalty of perjury that the in | oformation provided is true and correct. | | |
| | | | | | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. | | |
| | | | | pay or agree to pay someone who is otice required by 11 U.S.C. § 342(b) | s not an attorney to help me fill out this). | | |
| | | I request relie | ef in accordance with the cha | pter of title 11, United States Code, | specified in this petition. | | |
| | | bankruptcy c and 3571. | ase can result in fines up to \$ | | ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | /s/ Marion Marion Mu Signature of | ndy | Signature of De | ebtor 2 | | |
| | | Executed on | February 10, 2022 | Executed on _ | MM / DD / YYYY | | |

| Debtor 1 Marion Mundy | | Cas | se number (if known) |
|---|--|--------------------|---|
| | | | |
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in this petitio under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h | tes Code, and have | explained the relief available under each chapter |
| If you are not represented by an attorney, you do not need to file this page. | and, in a case in which § 707(b)(4)(D) applies, certi schedules filed with the petition is incorrect. | | |
| | /s/ Stacy M. Davis | Date | February 10, 2022 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Stacy M. Davis P-65658 | | |

Printed name **Breckenridge & Davis** Firm name 726 Church Street Flint, MI 48502 Number, Street, City, State & ZIP Code Contact phone **810-239-4050** stacydavislaw@gmail.com Email address P-65658 MI Bar number & State

| Eill i | n this inform | ation to identify your | c250: | | | |
|---------------|--|--|--|--|--------------|---------------------------------|
| Debt | | Marion Mundy | Lase. | | | |
| | | First Name | Middle Name | Last Name | | |
| Debt (Spou | tor 2 se if, filing) | First Name | Middle Name | Last Name | | |
| Unite | ed States Ban | kruptcy Court for the: | EASTERN DISTRICT | OF MICHIGAN | | |
| Case | e number | | | | | |
| (if kno | own) | | | | _ | ck if this is an nded filing |
| | | | | | amo | naoa ming |
| Off | icial For | m 106Sum | | | | |
| | | | and Liabilities a | nd Certain Statistical Information | | 12/15 |
| | | | | le are filing together, both are equally responsible the information on this form. If you are filing amer | | |
| | | | | ck the box at the top of this page. | | · |
| Part | 1: Summa | rize Your Assets | | | | |
| | | | | | | assets of what you own |
| 1. | Schedule A/ | B: Property (Official Fo | orm 106A/B) | | | , |
| | | | | | \$ | 58,800.00 |
| | 1b. Copy line | 62, Total personal pro | perty, from Schedule A/B | 3 | \$ | 46,975.00 |
| | 1c. Copy line | 63, Total of all property | y on Schedule A/B | | \$ | 105,775.00 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | | liabilities nt you owe |
| 2. | | | laims Secured by Proper mn A, Amount of claim, a | ty (Official Form 106D) It the bottom of the last page of Part 1 of <i>Schedule D</i> | . \$ | 100,895.95 |
| 3. | | | Unsecured Claims (Offici 1 (priority unsecured clai | ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the | total claims from Part | 2 (nonpriority unsecured | claims) from line 6j of Schedule E/F | \$ | 18,864.95 |
| | | | | Your total liabilitie | s \$ | 119,760.90 |
| Part | 3: Summa | rize Your Income and | Expenses | | | |
| 4. | | our Income (Official Fo | | le I | \$ | 2,670.22 |
| 5. | | our Expenses (Official onthly expenses from li | | | \$ | 2,669.25 |
| Part | 4: Answer | These Questions for | Administrative and Sta | ntistical Records | | |
| 6. | - | • • • | er Chapters 7, 11, or 13 on this part of the form. | ? Check this box and submit this form to the court with y | our other s | chedules. |
| 7. | YesWhat kind of | debt do you have? | | | | |
| | ■ Your de | bts are primarily cons | sumer debts. Consume | r debts are those "incurred by an individual primarily for | or a persona | al, family, or |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 8. 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

958.22 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| ebtor 1 | Marion Mundy First Name | | Name Last Name | | | | |
|--------------------------------------|--|----------------------------|--|--------|--|--|--|
| ebtor 2 | Filstivallie | Middle | INAME LASTINAME | | | | |
| ouse, if filing) | First Name | Middle | Name Last Name | | | | |
| ited States E | Bankruptcy Court for th | ne: EASTERN | DISTRICT OF MICHIGAN | | | | |
| ise number | | | | | | | Check if this is a amended filing |
| fficial F | orm 106A/B | | | | | | |
| chedu | ile A/B: Pro | operty | | | | | 12/15 |
| □ No G | to to Part 2 | | | erty? | | | |
| _ | to to Part 2. Where is the property? | | | | | | |
| ■ Yes. | Where is the property? | | What is the property? Check all that apply | · | | | |
| ■ Yes. | | íption | What is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | | the amount of any | secured o | ns or exemptions. Put claims on <i>Schedule D:</i> Secured by Property. |
| ■ Yes. | Where is the property? arklane St. ss, if available, or other descri | iption 48458-0000 ZIP Code | ■ Single-family home □ Duplex or multi-unit building Condominium or cooperative □ Manufactured or mobile home □ Land | 1 | the amount of any | y secured of ave Claims the | claims on Schedule D: |
| 12066 Pa | Where is the property? arklane St. ss, if available, or other descri | 48458-0000 | ■ Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other | 1 | the amount of an Creditors Who He Current value of entire property? \$58,80 Describe the nat (such as fee sim | the 0.00 cure of you ple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? |
| 12066 Pa | Where is the property? arklane St. ss, if available, or other descri | 48458-0000 | ■ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | i i | the amount of an Creditors Who Haracon Courrent value of entire property? \$58,80 Describe the nate | the 0.00 cure of you ple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? \$58,800.0 |
| 12066 Pa Street addres Mount M City | where is the property? arklane St. ss, if available, or other descri | 48458-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Checked Debtor 1 only Debtor 2 only | i i | the amount of an Creditors Who He Current value of entire property? \$58,80 Describe the nat (such as fee sim a life estate), if ke | the 0.00 cure of you ple, tenan | claims on Schedule D: Secured by Property. Current value of the portion you own? \$58,800.0 |
| 12066 Pa Street addres Mount M | where is the property? arklane St. ss, if available, or other descri | 48458-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | ck one | the amount of an Creditors Who Haracon Haracon Current value of entire property? \$58,80 Describe the nat (such as fee simple He estate), if k | the 0.00 ure of you ple, tenanthown. | claims on Schedule D: Secured by Property. Current value of the portion you own? \$58,800.0 |
| 12066 Pa Street addres Mount M City | where is the property? arklane St. ss, if available, or other descri | 48458-0000 | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Checked Debtor 1 only Debtor 2 only | ck one | Current value of entire property? \$58,80 Describe the nat (such as fee sim a life estate), if k Fee simple Check if thi (see instruction | the 0.00 ure of you ple, tenanthown. | claims on Schedule D: Secured by Property. Current value of the portion you own? \$58,800. Ir ownership interesticy by the entireties, |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Schedule A/B: Property Official Form 106A/B page 1

| Marion Mundy | | Case number <i>(if known)</i> | |
|--|---|--------------------------------|--|
| s, trucks, tractors, sport utility ve | hicles, motorcycles | | |
| • | • | | |
| | | | |
| | | | |
| leen | Who has an interest in the manual O | Do not deduct secured | claims or exemptions. Put |
| Observators | <u> </u> | the amount of any secu | red claims on Schedule D: |
| | , | | |
| | | | Current value of the portion you own? |
| information: | ☐ At least one of the debtors and another | | |
| | Check if this is community property (see instructions) | \$38,000.00 | \$38,000.00 |
| | | | |
| | | | \$38,000.00 |
| | | | |
| or have any legal or equitable in | terest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | , china, kitchenware | | |
| Misc. Househol | d Goods and Furnishings | | \$3,800.00 |
| | a cocac ana ramoning | | |
| including cell phones, cameras, no Describe Standard House | nedia players, games | | |
| Phone | | | \$960.00 |
| other collections, memorabilia, co | ilectibles | art objects; stamp, coin, or b | paseball card collections; |
| | | | |
| | | | - |
| nt for sports and hobbies s: Sports, photographic, exercise, ar musical instruments Describe | nd other hobby equipment; bicycles, pool tables, g | polf clubs, skis; canoes and | kayaks; carpentry tools; |
| | Cherokee 2019 Idinate mileage: 50,000 Information: It, aircraft, motor homes, ATVs are Boats, trailers, motors, personal was the arribe Your Personal and Household It for have any legal or equitable in the arribe arribe and furnishings: Major appliances, furniture, linenses: Major appliances, furniture, linenses: Televisions and radios; audio, vidincluding cell phones, cameras, motors and figurines; paintings, other collections, memorabilia, conter collections, memorabilia, conter collections, memorabilia, conter collections, potential instruments | Jeep | Jeep |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | Marion Mune | dy | | Case number (if kn | own) |
|----------------|----------------------------------|------------|--------------------------|--|---|
| | | | | | |
| ■ No | ples: Pistols, rifles | s, shotgur | ns, ammunition, and re | elated equipment | |
| 11. Clothe | | | a lasthan as to desire | | |
| □ No | Describe | othes, tur | s, leather coats, desigi | ner wear, shoes, accessories | |
| | | Stand | ard Clothing and A | pparel | \$350.00 |
| ■ No | | welry, cos | stume jewelry, engage | ment rings, wedding rings, heirloom jewelry, watches, ge | ns, gold, silver |
| Exam | arm animals ples: Dogs, cats, | birds, hor | ses | | |
| ■ No □ Yes. | Describe | | | | |
| ■ No | her personal an | | - | ot already list, including any health aids you did not li | st |
| | | , | | t 3, including any entries for pages you have attached | \$5,110.00 |
| Part 4: De | scribe Your Finan | cial Asset | s | | |
| | | | quitable interest in a | ny of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | | | | e, in a safe deposit box, and on hand when you file your | petition |
| ■ Yes | | | | Cash on han | nd \$10.00 |
| | | | | Such of flui | |
| | | | | nts; certificates of deposit; shares in credit unions, broker with the same institution, list each. | age houses, and other similar |
| _ | | | | Institution name: | |
| | | 17.1. | Checking and Savings | Genisys Credit Union (x778) | \$5.00 |

Official Form 106A/B Schedule A/B: Property page 3

| Deb | tor 1 | Marion Mundy | | | Case number (if known) | |
|---|-------------------|----------------------------|-----------------------------|---------------------------------------|------------------------------|-----------------------------|
| 1 Q | Ronde | mutual funde or nubli | icly traded stocks | | | |
| | | | | ne firms, money market accounts | 3 | |
| | _ ′ | roo. Bona ranao, invocan | ioni accounte mai pronoraç | go mino, monoy mantor account | , | |
| | | | Institution or issuer name | | | |
| _ | 」Yes | | Institution of issuer flame | • | | |
| Belof Marion Mundy Case number (if known) | | | | | | |
| 19. I | Non-pu | blicly traded stock and | I interests in incorporated | d and unincorporated busines | ses, including an interest | in an LLC, partnership, and |
| | _ | enture | | | | |
| | | | | | | |
| | Yes. | | | | | |
| | | Na | ame of entity: | | • | |
| | | _ | | | | |
| | Negotia Non-ne | able instruments include | personal checks, cashiers' | checks, promissory notes, and | money orders. | |
| | Yes. 0 | Give specific information | about them | | | |
| | | Iss | suer name: | | | |
| | | | | | | |
| | | | | | | |
| 21. I | Retirem | nent or pension accour | nts | | | |
| | | | | , thrift savings accounts, or other | pension or profit-sharing p | lans |
| | No | | | | | |
| | J Yes. I | _ist each account separa | atelv. | | | |
| | | | • | Institution name: | | |
| | | • | | | | |
| | Examp No | les: Agreements with lar | | utilities (electric, gas, water), tel | | es, or others |
| | | Ren | t | Sugartree Apartments | | \$350.00 |
| | | | | | | |
| | | es (A contract for a peri- | odic payment of money to y | ou, either for life or for a number | r of years) | |
| | No | | | | | |
| | Yes | lssuer na | ne and description. | | | |
| | | | | | | |
| 2 | 6 U.S.C | | | ed ABLE program, or under a o | qualified state tuition proç | ıram. |
| | No | Institution | name and description Cor | parately file the records of any int | torooto 11 C C S E21(a): | |
| L | Yes | | name and description. Sep | aratery life the records of any in | Lerests. 11 U.S.C. § 321(c). | |
| _ | _ ` | equitable or future into | erests in property (other t | han anything listed in line 1), a | and rights or powers exer | cisable for your benefit |
| | No | | | | | |
| | J Yes. | Give specific information | about them | | | |
| | | | <u></u> _ | | | |
| | | | | | | |
| 26. I | Patents | s, copyrights, trademar | ks, trade secrets, and oth | er intellectual property | | |
| | | | | m royalties and licensing agreen | nents | |
| | No | | | | | |
| |] Yes. | Give specific information | n about them | | | |

Official Form 106A/B Schedule A/B: Property page 4

| or 1 | Marion Mundy | | | Ca | ase number (if known) | | |
|------------------------|--|---|--|---|---|--|---|
| | | | | | | | |
| | | - | | | | | |
| E <i>xamp</i> No | oles: Building permits, e | xclusive li | censes, cooperative association holdings | , liquor license | s, professional license | s | |
| | | | | | | _ | |
| ey or _l | property owed to you | ? | | | | po Do | rrent value of the rtion you own? not deduct secured ims or exemptions. |
| ax ref | unds owed to you | | | | | | |
| No | O' | | and the first of the control of the design o | | | | |
| Yes. | Give specific information | n about tr | nem, including whether you already filed to | ne returns and | tne tax years | | |
| | | | 2021 Anticipated Income Tax Re | funds | Federal, State ar Local | nd | \$3,000.00 |
| | | | 2022 YTD Anticipated Income Ta | x Refunds | Federal, State ar Local | nd | \$500.00 |
| Examp No | oles: Past due or lump s | | ny, spousal support, child support, mainte | enance, divorce | e settlement, property s | settleme | ent |
| Examp No | oles: Unpaid wages, dis benefits; unpaid lo | ability insu ans you m | nade to someone else | | | sation, s | Social Security |
| E <i>xamp</i> No | oles: Health, disability, on the same the insurance co | or life insur | each policy and list its value. | | | s | urrender or refund |
| f you a someo No | are the beneficiary of a ne has died. | living trust | | olicy, or are cu | rrently entitled to recei | | erty because |
| | censexampon No Yes. ax ref No Yes. ther a xempon No Yes. teres xempon No Yes. | censes, franchises, and ot examples: Building permits, en No Yes. Give specific information of the property owed to you not not specific information of the property owed to you not not specific information of the property owed to you not not specific information of the property owed to you not not specific information of the property owed to you not not specific information of the property owed to you not not not specific information of the property owed to you not | censes, franchises, and other gener examples: Building permits, exclusive ling. No Yes. Give specific information about the ey or property owed to you? The examples owed to you are the beneficiary of a living trustomeone has died. Censes, franchises, and other gener examples: Building permits, exclusive ling. No Yes. Give specific information about the examples: Unpaid wages, disability insubenefits; unpaid loans you make the specific information Censes in insurance policies examples: Health, disability, or life insurance you are the beneficiary of a living trustomeone has died. | censes, franchises, and other general intangibles cxamples: Building permits, exclusive licenses, cooperative association holdings No Yes. Give specific information about them ey or property owed to you? ax refunds owed to you No Yes. Give specific information about them, including whether you already filed to 2021 Anticipated Income Tax Re 2022 YTD Anticipated Income Tax amily support cxamples: Past due or lump sum alimony, spousal support, child support, mainter No Yes. Give specific information ther amounts someone owes you xxamples: Unpaid wages, disability insurance payments, disability benefits, sick benefits; unpaid loans you made to someone else No Yes. Give specific information terests in insurance policies xxamples: Health, disability, or life insurance; health savings account (HSA); cree No Yes. Name the insurance company of each policy and list its value. Company name: hy interest in property that is due you from someone who has died you are the beneficiary of a living trust, expect proceeds from a life insurance pomeone has died. No | censes, franchises, and other general intangibles xemples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses No Yes. Give specific information about them by or property owed to you? ax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and 2021 Anticipated Income Tax Refunds 2022 YTD Anticipated Income Tax Refunds amily support xemples: Past due or lump sum allimony, spousal support, child support, maintenance, divorce No Yes. Give specific information ther amounts someone owes you xemples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation in benefits; unpaid loans you made to someone else No Yes. Give specific information terests in insurance policies xemples: Health, disability, or life insurance; health savings account (HSA); credit, homeowne No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary ny interest in property that is due you from someone who has died you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are componed to said. No | censes, franchises, and other general intangibles xamples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them by or property owed to you? ax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years 2021 Anticipated Income Tax Refunds Federal, State ar Local Federal, State a | censes, franchises, and other general intangibles xamples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them Professional licenses Refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years 2021 Anticipated Income Tax Refunds Federal, State and Local 2022 YTD Anticipated Income Tax Refunds Federal, State and Local amily support xamples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement, yes, Give specific information ther amounts someone owes you warmples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, benefits; unpaid loans you made to someone else No Yes. Give specific information Leterasts in insurance policies examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: S Vinitaries in property that is due you from someone who has died you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive prognerore has died. No |

Official Form 106A/B Schedule A/B: Property page 5

| Debtor ' | Marion Mund | dy Case number (if known) | |
|-----------------|-----------------------|--|---|
| Exa | mples: Accidents, e | arties, whether or not you have filed a lawsuit or made a demand for payment employment disputes, insurance claims, or rights to sue | |
| ■ No | | | |
| □Y€ | s. Describe each c | | |
| | | | |
| ■ No | _ | unliquidated claims of every nature, including counterclaims of the debtor and rights to | set off claims |
| | | | |
| _ ` | - | ou did not already list | |
| ■ No | s. Give specific info | formation | |
| □ 16 | s. Give specific init | Officiation | |
| - | | | |
| 26 Ad | d the deller value | of all of your entries from Bort 4 including any entries for pages you have attached | |
| | | of all of your entries from Part 4, including any entries for pages you have attached number here | \$3,865.00 |
| | | ı | |
| Part 5: | Describe Any Busine | ess-Related Property You Own or Have an Interest In. List any real estate in Part 1. | |
| | = | egal or equitable interest in any business-related property? | |
| No. | Go to Part 6. | | |
| ☐ Yes | . Go to line 38. | | |
| | | | Current value of the |
| | | | portion you own? |
| | | | Do not deduct secured claims or exemptions. |
| 20 100 | ovento vocalivable o | a commissions var already sound | |
| 36. ACC | ounts receivable o | or commissions you already earned | |
| | | | |
| Ll Y€ | s. Describe | | |
| | | | |
| 39. Offic | ce equipment, furn | nishings, and supplies elated computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, | chairs electronic devices |
| LXa | mpies. Dusiness-rei | nated computers, software, moderns, printers, copiers, rax macrimes, rugs, telepriories, desks, | chairs, electronic devices |
| | | | |
| ☐ Ye | s. Describe | | |
| | | | |
| 40 14 | | | |
| 40. Wac | ninery, fixtures, eq | quipment, supplies you use in business, and tools of your trade | |
| □ No |) | | |
| ☐ Ye | s. Describe | | |
| | | | |
| 44 | | | |
| 41. Inve | entory | | |
| □ No |) | | |
| □ Ye | s. Describe | | |
| | | | |
| 40 1 1 | | | - |
| 42. Intel | ests in partnershi | ips or joint ventures | |
| □ No |) | | |

Official Form 106A/B Schedule A/B: Property page 6
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Rest Case Bankruptov.

| Debtor 1 | Marion Mund | dy | Case number (if known) | |
|--------------------|--|--|------------------------|--|
| □ Yes | Give specific info | ormation about them | | |
| | 3 | Name of entity: | % of ownership: | |
| | | | % | |
| 42 Custo | mar liata mailine | g lists, or other compilations | | |
| | mer nsis, maning | y lists, or other compliations | | |
| □ Do yo | ur lists include per | rsonally identifiable information (as defined in 11 U.S.C. § 101(41A))? | | |
| | | | | |
| | □ No□ Yes. Describe | | | |
| | - res. Describe | ····· | | |
| | | | | |
| 44. Any b i | usiness-related p | property you did not already list | | |
| □ No | | | | |
| | Give specific info | ormation | | |
| | | | | |
| | | | | |
| | | | | |
| | | of all of your entries from Part 5, including any entries for page: number here | | |
| 101 F | art 5. Write that i | number nere | | |
| | | | | |
| | | and Commercial Fishing-Related Property You Own or Have an Interest interest in farmland, list it in Part 1. | ln. | |
| 11) | ou own or have an | interest in familiand, list it in Fatt 1. | | |
| - | | ny legal or equitable interest in any farm- or commercial fishing | -related property? | |
| | Go to Part 7. | | | |
| ⊔ Yes | s. Go to line 47. | | | Current value of the |
| | | | | portion you own? Do not deduct secured |
| | | | | claims or exemptions. |
| 47. Farm a | animals | | | |
| Exam | ples: Livestock, p | oultry, farm-raised fish | | |
| □ No | | | | |
| ☐ Yes. | | | | |
| | | | | |
| 40. 0 | - 141 | | | |
| 48. Crops | either growing | g or narvested | | |
| □ No | | | | |
| ⊔ Yes. | Give specific info | ormation | | |
| | | | | |
| 49. Farm a | and fishing equi | pment, implements, machinery, fixtures, and tools of trade | | |
| | . | , , , , , , , , , , , , , , , , , , , | | |
| □ No □ Vas | | | | |
| — 103. | ······ | | | |
| | | | | |
| 50. Farm a | and fishing supp | lies, chemicals, and feed | | |
| □No | | | | |
| | | | | |
| | Г | | | |
| Official For | L m 106A/B | Schedule A/B: Property | | page 7 |
| | | : | | 1 3 - 1 |

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| Deb | tor 1 | Marion Mundy | | | | Case number (if known) | |
|-------|-------------|-----------------------|--|------------------|-------------------|---------------------------|-------------------------|
| 51. 🖊 | Any fai | rm- and commerci | al fishing-related property y | ou did not alr | eady list | | |
| _ | l No | | | | | | |
| | | Give specific inform | nation | | | | |
| _ | 1 100. | Cive opcome mioni | | | | | |
| | | | | | | | |
| 52. | | | all of your entries from Part mber here | | | | |
| Part | 7: | Describe All Prope | rty You Own or Have an Interes | t in That You Di | id Not List Above | | |
| | Examp No | oles: Season tickets | rty of any kind you did not a , country club membership nation | · | | | |
| 54. | Add t | he dollar value of | all of your entries from Part | 7. Write that I | number here | | \$0.00 |
| Part | 8: | List the Totals of Ea | ch Part of this Form | | | | |
| 55. | Part 1 | l: Total real estate | , line 2 | | | | \$58,800.00 |
| 56. | Part 2 | 2: Total vehicles, li | ne 5 | | \$38,000.00 | | |
| 57. | Part 3 | 3: Total personal a | nd household items, line 15 | | \$5,110.00 | | |
| 58. | Part 4 | 4: Total financial as | ssets, line 36 | | \$3,865.00 | | |
| 59. | Part 5 | 5: Total business-r | elated property, line 45 | | \$0.00 | | |
| 60. | Part 6 | 6: Total farm- and f | ishing-related property, line | e 52 | \$0.00 | | |
| | | | erty not listed, line 54 | + | \$0.00 | | |
| 62. | Total | personal property | Add lines 56 through 61 | _ | \$46,975.00 | Copy personal property to | stal \$46,975.00 |
| 63. | Total | of all property on | Schedule A/B. Add line 55 + | line 62 | | | \$105,775.00 |

| Debtor 2 | First Name | Middle Name | | |
|--------------------------------|---------------------|-----------------------|------------|--------------------------------------|
| Dehtor 2 | | | Last Name | |
| | | | | _ |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bank Case number | rupicy Court for th | e: EASTERN DISTRICT C | 1 MICHIGAN | - |
| (if known) | | | | ☐ Check if this is an amended filing |

Part 1: Identify the Property You Claim as Exempt

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| | ☐ You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | osiocanio so Z man noto mno proponty | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | 2019 Jeep Cherokee 50,000 miles | \$38,000.00 | | \$4,000.00 | 11 U.S.C. § 522(d)(2) |
| | Line from Scriedule A/B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2019 Jeep Cherokee 50,000 miles Line from Schedule A/B: 3.1 | \$38,000.00 | | \$9,669.00 | 11 U.S.C. § 522(d)(5) |
| | Line from Scriedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Misc. Household Goods and Furnishings | \$3,800.00 | | \$3,800.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Standard Household Electronics: Televisions, DVD Player, Cell Phone | \$960.00 | | \$960.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Standard Clothing and Apparel Line from Schedule A/B: 11.1 | \$350.00 | | \$350.00 | 11 U.S.C. § 522(d)(3) |
| | LITE TOTT SCHEdule AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Marion Mundy Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 11 U.S.C. § 522(d)(5) Cash on hand \$10.00 \$10.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit **Checking and Savings: Genisys** 11 U.S.C. § 522(d)(5) \$5.00 \$5.00 Credit Union (x778) Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Rent: Sugartree Apartments** 11 U.S.C. § 522(d)(5) \$350.00 \$350.00 Line from Schedule A/B: 22.1 100% of fair market value, up to any applicable statutory limit Federal, State and Local: 2021 11 U.S.C. § 522(d)(5) \$3,000.00 \$3,000.00 **Anticipated Income Tax Refunds** Line from Schedule A/B: 28.1 100% of fair market value, up to any applicable statutory limit Federal, State and Local: 2022 YTD 11 U.S.C. § 522(d)(5) \$500.00 \$500.00 **Anticipated Income Tax Refunds** Line from Schedule A/B: 28.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

| Fill | in this informa | ation to identify your | r case: | | | | |
|-------|---------------------------------|-----------------------------|---|------------------|--|--|-----------------------------|
| Deb | otor 1 | Marion Mundy | | | | | |
| | | First Name | Middle Name | Last Name | | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Last Name | | | |
| Uni | ted States Ban | kruptcy Court for the: | EASTERN DISTRICT OF MICH | IIGAN | | | |
| | se number | | | | | | if this is an ded filing |
| | icial Form hedule [| | Who Have Claims S | Secured | by Propert | у | 12/15 |
| is ne | | | two married people are filing togethe ut, number the entries, and attach it to | | | | |
| 1. Do | any creditors h | nave claims secured by | your property? | | | | |
| | ☐ No. Check | this box and submit th | is form to the court with your other s | schedules. You | ı have nothing else t | o report on this form. | |
| | _ | all of the information b | , | | g | | |
| Par | | Secured Claims | | | | | |
| | • | | nore than one secured claim, list the cred | ditor congrataly | Column A | Column B | Column C |
| for e | each claim. If mo | re than one creditor has | a particular claim, list the other creditors all order according to the creditor's name | in Part 2. As | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | Clty of Mt. | Morris | Describe the property that secures the | he claim: | \$526.95 | \$58,800.00 | \$526.95 |
| | Creditor's Name | | 12066 Parklane St. Mount Mo 48458 Genesee County | orris, MI | | | |
| | 11649 N Sa Mount Mor | aginaw St. ris, MI 48458 | As of the date you file, the claim is: Capply. Contingent | Check all that | | | |
| | | City, State & Zip Code | ☐ Unliquidated | | | | |
| Wh | o owes the deb | ot? Check one. | Disputed Nature of lien. Check all that apply. | | | | |
| _ | Debtor 1 only Debtor 2 only | | ☐ An agreement you made (such as more car loan) | nortgage or secu | red | | |
| _ | Debtor 2 only Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |
| _ | | e debtors and another | ☐ Judgment lien from a lawsuit | , | | | |
| | Check if this cla | im relates to a | 9 | Water/Sewe | r | | |

0002

community debt

Date debt was incurred 2/2022

Last 4 digits of account number

| Debte | or 1 Marion Mu | ındy | | Case | number (if known) | | |
|------------------------------|--|--|---|--|-------------------|-------------|-------------|
| | First Name | Middle Na | ame Last Name | _ | _ | | |
| コンフェ | Santander Cor USA | nsumer | Describe the property that secures | the claim: | \$24,331.00 | \$38,000.00 | \$0.00 |
| | Creditor's Name | | 2019 Jeep Cherokee 50,000 | miles | | | |
| | Attn: Bankrupt Po Box 961245 | - | As of the date you file, the claim is: | | | | |
| | Fort Worth, TX | 76161 | Contingent | | | | |
| | Number, Street, City, S | tate & Zip Code | ☐ Unliquidated | | | | |
| | | | ☐ Disputed | | | | |
| Who | owes the debt? C | heck one. | Nature of lien. Check all that apply. | | | | |
| _ | ebtor 1 only ebtor 2 only | | An agreement you made (such as car loan) | mortgage or secured | | | |
| | ebtor 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| | least one of the deb | • | ☐ Judgment lien from a lawsuit | ona o, | | | |
| | heck if this claim re | lates to a | Other (including a right to offset) | Auto Loan | | | |
| Date (| debt was incurred | Opened 08/21 Last Active 12/17/21 | Last 4 digits of account num | ber 1000 | | | |
| | | | | | | | |
| 2.3 | Specialized Lo Servicing, LLC | | Describe the property that secures | | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| | Servicing, LLC Creditor's Name Attn: Bankrupt | tcy | Describe the property that secures 12066 Parklane St. Mount M 48458 Genesee County | | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| | Servicing, LLC Creditor's Name | tcy Ivd. | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: | orris, MI | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran | tcy lvd. ach, CO | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. □ Contingent | orris, MI | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 | tcy lvd. ach, CO | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated | orris, MI | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 | itcy lvd. ach, CO | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. □ Contingent | orris, MI | \$76,038.00 | \$58,800.00 | \$17,238.00 |
| Who ■ De | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Clebtor 1 only | itcy lvd. ach, CO | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed | Check all that | | \$58,800.00 | \$17,238.00 |
| Who ■ De □ De | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Co ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 | tcy lvd. ach, CO tate & Zip Code heck one. | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me | Check all that mortgage or secured | | \$58,800.00 | \$17,238.00 |
| Who ■ De □ De □ De □ At | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Coebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 least one of the deb | tcy lvd. ach, CO tate & Zip Code heck one. only tors and another | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me | Check all that mortgage or secured chanic's lien) | | \$58,800.00 | \$17,238.00 |
| Who ■ De □ De □ De □ At □ CH | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Co ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 | tcy lvd. ach, CO tate & Zip Code heck one. only tors and another | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me | Check all that mortgage or secured | | \$58,800.00 | \$17,238.00 |
| Who De De De Co | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 least one of the deb heck if this claim re | tcy lvd. ach, CO tate & Zip Code heck one. only tors and another | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me | Check all that mortgage or secured chanic's lien) Mortgage | | \$58,800.00 | \$17,238.00 |
| Who De De De Co | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Co ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 least one of the deb heck if this claim re ommunity debt | tcy lvd. lch, CO tate & Zip Code heck one. only tors and another lates to a Opened 07/06 Last | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit ■ Other (including a right to offset) | Check all that mortgage or secured chanic's lien) Mortgage | | \$58,800.00 | \$17,238.00 |
| Who □ De □ De □ At □ Ch □ Ch | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ran 80129 Number, Street, City, S owes the debt? Co bettor 1 only bettor 2 only bettor 2 only bettor 1 and Debtor 2 least one of the deb heck if this claim re ommunity debt debt was incurred | tcy lvd. nch, CO tate & Zip Code heck one. only tors and another lates to a Opened 07/06 Last Active 09/21 | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as car loan) Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) | Check all that Check all that mortgage or secured chanic's lien) Mortgage ber 5252 | | | \$17,238.00 |
| Who De De De Co | Servicing, LLC Creditor's Name Attn: Bankrupt 8742 Lucent B Highlands Ram 80129 Number, Street, City, S owes the debt? Coebtor 1 only betor 2 only betor 1 and Debtor 2 least one of the debtheck if this claim re ommunity debt debt was incurred | tcy lvd. nch, CO tate & Zip Code heck one. only tors and another lates to a Opened 07/06 Last Active 09/21 | 12066 Parklane St. Mount M 48458 Genesee County As of the date you file, the claim is: apply. ☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. ☐ An agreement you made (such as car loan) ☐ Statutory lien (such as tax lien, me ☐ Judgment lien from a lawsuit ■ Other (including a right to offset) | Check all that Check all that mortgage or secured chanic's lien) Mortgage ber 5252 | | | \$17,238.00 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

| Fill in this infor | rmation to identify your case: | | | | | |
|--|---|--|--|--|--|-----------------------------------|
| Debtor 1 | Marion Mundy | | | | | |
| Dahtan 0 | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: EAS | TERN DISTRICT OF | MICHIGAN | | | |
| Casa numbar | | | | | | |
| Case number (if known) | | | | | ☐ Check | c if this is an |
| | | | | | amen | ded filing |
| Official For | m 106E/E | | | | | |
| | E/F: Creditors Who | Javo Uneocur | od Claime | | | 12/15 |
| | nd accurate as possible. Use Part | | | | | |
| Schedule G: Exec Schedule D: Credi left. Attach the Co name and case nu | ntracts or unexpired leases that co utory Contracts and Unexpired be itors Who Have Claims Secured be intinuation Page to this page. If you imber (if known). All of Your PRIORITY Unsecur | ases (Official Form 106 y Property. If more spac u have no information (| GG). Do not include any cre ce is needed, copy the Part | ditors with partially sed you need, fill it out, nເ | cured claims that imber the entries | are listed in in the boxes on the |
| | tors have priority unsecured claim | | | | | |
| No. Go to | | | | | | |
| Yes. | T GIT Z. | | | | | |
| 2. List all of listed, iden much as p | your priority unsecured claims. If htify what type of claim it is. If a claim cossible, list the claims in alphabetica art 1. If more than one creditor holds | has both priority and nor I order according to the o | npriority amounts, list that cla creditor's name. If you have r | im here and show both | priority and nonpric | ority amounts. As |
| (For an ex | planation of each type of claim, see | the instructions for this fo | orm in the instruction booklet. |) | | |
| | | | | Total claim | Priority amount | Nonpriority amount |
| | | | | | amount | amount |
| 2.1. | | | | | | |
| | | Last 4 digits of a | ccount number | | | |
| Priority C | Creditor's Name | When was the de | ebt incurred? | | | |
| Number | Street City State Zip Code | As of the date yo | u file, the claim is: Check a | Il that apply | | |
| 14 11 - 1 - 1 | . 141 - 141 0 01 - 1 | ☐ Contingent | | | | |
| | ed the debt? Check one. | ☐ Unliquidated | | | | |
| Debtor 1 | only | ☐ Disputed | | | | |
| Debtor 2 | • | | | | | |
| | and Debtor 2 only one of the debtors and another | Type of PRIORIT | Y unsecured claim: | | | |
| | one of the debtors and another this claim is for a community del | · · | | | | |
| | subject to offset? | | · · | | | |
| _ | oubject to officier | | tain other debts you owe the | _ | | |
| □ No | | | th or personal injury while yo | | | |
| ☐ Yes | | ☐ Other. Specify | | | | _ |
| | | | | | | |
| | | | | | | |
| Part 2: List | All of Your NONPRIORITY Uns | ecured Claims | | | | |
| 3. Do any credi | tors have nonpriority unsecured o | laims against you? | | | | |
| □ No. You h | ave nothing to report in this part. Sul | omit this form to the court | t with your other schedules. | | | |
| | 5 - 5 - 2 - 2 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | , | | | |
| Yes. | | | | | | |
| unsecured cla | ur nonpriority unsecured claims in aim, list the creditor separately for ea litor holds a particular claim, list the o | ch claim. For each claim | listed, identify what type of c | laim it is. Do not list clair | ns already included | d in Part 1. If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| CBC Credit Nonpriority Creditor's Name | Last 4 digits of account number | 7248 | \$50.00 |
|---|--|---|----------|
| Attn: Bankruptcy Department 804 S. Hamilton St Ste 107 | When was the debt incurred? | Opened 10/24/17 | |
| Saginaw, MI 48602 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | | |
| Yes | Other. Specify Collection: | Compr Pain Specialists Flint | |
| CBM Services Inc. | Last 4 digits of account number | 1120 | \$761.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 551 | When was the debt incurred? | Opened 02/20 Last Active 06/19 | |
| Midland, MI 48640 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| dept Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | ■ Other. Specify Collection: | Mobile Med Response | |
| CBM Services Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 9455 | \$463.00 |
| Attn: Bankruptcy Po Box 551 Midland, MI 48640 | When was the debt incurred? | Opened 12/18 Last Active 09/17 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | d alains | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a ciaim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| — No □ Yes | | Samir Elian Md Facc | |

| CDM Corviose Inc | Look A digito of account normalism | 7400 | ¢472.00 |
|--|--|---|----------|
| CBM Services Inc. Nonpriority Creditor's Name | Last 4 digits of account number | 7498 | \$173.00 |
| Attn: Bankruptcy | | Opened 08/20 Last Active | |
| Po Box 551 | When was the debt incurred? | 07/20 | |
| Midland, MI 48640 Number Street City State Zip Code | As of the date you file, the claim i | is: Chack all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim | is. Officer all triat apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify Collection: | Samir Elian Md Facc | |
| Check n Go | Last 4 digits of account number | | \$537.00 |
| Nonpriority Creditor's Name | | | Ψ001.00 |
| 11962 Saginaw St Mount Morris, MI 48458 | When was the debt incurred? | 12/2020 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □ Yes | Other. Specify Unsecured | | |
| | | | |
| Client Financial Services of Michigan | Last 4 digits of account number | 1426 | \$108.00 |
| Nonpriority Creditor's Name | | | |
| 209 South Alloy Drive Fenton, MI 48430 | When was the debt incurred? | 2021 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | <u>-</u> | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | 0 0 1 | aration agreement or divorce that you did not | |
| Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | og plane, and other similar debte | |
| ■ No | Lebis to beusion of brotit-sharin | ig pians, and other similar debts | |
| □ Yes | ■ Other. Specify Collection: | | |

| 1 Marion Mundy | | Case number (if known) | |
|---|--|---|------------|
| Client Financial Services of Michigan | Last 4 digits of account number | 1454 | \$108.00 |
| Nonpriority Creditor's Name 209 South Alloy Drive Fenton, MI 48430 | When was the debt incurred? | 2021 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection: | McLaren Medical Group | |
| Client Financial Services of Michigan | Last 4 digits of account number | 1463 | \$108.00 |
| Nonpriority Creditor's Name 209 South Alloy Drive Fenton, MI 48430 | When was the debt incurred? | 2021 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Collection: | McLaren Medical Group | |
| Credit Acceptance | Last 4 digits of account number | 32GC | \$4,429.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy 25505 West 12 Mile Road Ste 3000 | When was the debt incurred? | Opened 03/16 Last Active 5/31/19 | |
| Southfield, MI 48034 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | \square Debts to pension or profit-sharin | | |
| □Yes | ■ Other. Specify Automobile | e Deficiency | |

| Credit Services of Michigan | Last 4 digits of account number | 9659 | \$50 |
|--|--|---|---------|
| Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ00 |
| Po Box 6428 Saginaw, MI 48608 | When was the debt incurred? | Opened 3/29/18 Last Active 07/16 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Collection: | Michigan Vision Institute | |
| Genisys Credit Union | Last 4 digits of account number | 1800 | \$1,832 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 436034 | When was the debt incurred? | Opened 01/22 Last Active 1/25/22 | |
| Pontiac, MI 48343 | | | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | Student loans | | |
| debt Is the claim subject to offset? — | report as priority claims | tration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | | |
| Yes | Other. Specify Unsecured | Loan | |
| Health Care Solutions | Last 4 digits of account number | 2189 | \$352 |
| Nonpriority Creditor's Name PO Box 105760 Atlanta, GA 30348-5760 | When was the debt incurred? | 2021 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other Specify Medical | | |

| HRRG | Last 4 digits of account number | 7798 | \$1,947.00 | | |
|--|--|---|------------|--|--|
| Nonpriority Creditor's Name PO Box 5406 Cincinnati, OH 45273-7942 | When was the debt incurred? | 2016 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | | 2.1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt ☐ Obligations arising out of a report as priority claims | | of a separation agreement or divorce that you did not | | | |
| No | \square Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| ☐Yes | Other. Specify Collection: | Emer Dept Phys | | | |
| C Systems, Inc | Last 4 digits of account number | 0428 | \$1,160.00 | | |
| Nonpriority Creditor's Name | - When we the debt in some 40 | One and 00/40 | | | |
| Attn: Bankruptcy Po Box 64378 | When was the debt incurred? | Opened 08/18 | | | |
| St. Paul, MN 55164 | | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| Check if this claim is for a community | Student loans | | | | |
| debt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| ☐ Yes | ■ Other. Specify Collection: | American Anesthesiology of MI | | | |
| Lincare Inc | Last 4 digits of account number | 6784 | \$297.87 | | |
| Nonpriority Creditor's Name PO Box 105760 Atlanta, GA 30348-5760 | When was the debt incurred? | 2021 | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | |
| Who incurred the debt? Check one. | | | | | |
| Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| □ Yes | Other. Specify Medical | | | | |

| | | | A |
|--|--|---|----------|
| Mclaren Physicans PP | Last 4 digits of account number | 5396 | \$1,081. |
| Nonpriority Creditor's Name PO Box 775437 Chicago, IL 60677 | When was the debt incurred? | 2021 | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify Medical | | |
| Merchants & Medical Credit Corp | Last 4 digits of account number | 1937 | \$60. |
| Nonpriority Creditor's Name | _ | 0 | |
| Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507 | When was the debt incurred? | Opened 01/19 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | , | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection: | Genesee Ent Associates P.C. | |
| Mobiloans, LLC | Last 4 digits of account number | 7314 | \$1,406. |
| Nonpriority Creditor's Name Attn: Bankruptcy | _ | Opened 6/24/20 Last Active | |
| Po Box 1409 Marksville, LA 71351 | When was the debt incurred? | 7/01/20 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | ■ Other. Specify Unsecured | | |

| Marion Mundy | | | |
|---|---|---|---------|
| Portfolio Recovery Associates, LLC | Last 4 digits of account number | 3040 | \$498.6 |
| Nonpriority Creditor's Name PO Box 12914 Norfolk, VA 23541 | When was the debt incurred? | 2021 | |
| Norrork, VA 23341 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | Other. Specify Collection: | Comenity Bank (Marathon) | |
| Resurgent Capital Services | Last 4 digits of account number | 5622 | \$698.0 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy Po Box 10497 | When was the debt incurred? | Opened 02/21 Last Active 06/20 | |
| Greenville, SC 29603 | When was the dest meaned. | 00/20 | |
| Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Collection: | Credit One Bank N.A. | |
| Revco Solutions | Last 4 digits of account number | 9278 | \$370.0 |
| Nonpriority Creditor's Name PO Box 163279 | When was the debt incurred? | 2020 | |
| Columbus, OH 43216-3279 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , to or the date you me, the claim. | or check an that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Collection: | McLaren Flint | |

| Debto | or 1 Marion Mundy | | Case number (if known) | | | | |
|---------------|---|---|--|----------------------------|--|--|--|
| 1.2 | Spring Oaks Capital, LLC | Last 4 digits of account number | 0684 | \$971.00 | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 1216 | When was the debt incurred? | Opened 7/24/21 | | | | |
| | Chesapeake, VA 23327 Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | As of the date you me, the dami | 13. Official and apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify Collection: | Celtic Bank | | | | |
| 4.2 3 | Wakefield & Associates Nonpriority Creditor's Name | Last 4 digits of account number | 9072 | \$1,404.00 | | | |
| | PO Box 59003 Knoxville, TN 37950-0250 | When was the debt incurred? | 2021 | | | | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | | |
| | At least one of the debtors and another | | | | | | |
| | ☐ Check if this claim is for a community debt | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Is the claim subject to offset? | | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| | ☐ Yes | Other. Specify Collection: | Degara App, PLLC | | | | |
| Part . Use | List Others to Be Notified About a De this page only if you have others to be notified ying to collect from you for a debt you owe to s | about your bankruptcy, for a debt that | you already listed in Parts 1 or 2. For examp | le, if a collection agency | | | |
| hav noti | e more than one creditor for any of the debts the fied for any debts in Parts 1 or 2, do not fill out | at you listed in Parts 1 or 2, list the add or submit this page. | itional creditors here. If you do not have add | | | | |
| | and Address rd District Court | On which entry in Part 1 or Part 2 did you Line 4.9 of (<i>Check one</i>): | ı list the original creditor? IPart 1: Creditors with Priority Unsecured Clair | | | | |
| Attn 1182 | : Case No. C20C0132GC 20 North Saginaw Street nt Morris, MI 48458 | | Part 2: Creditors with Nonpriority Unsecured | | | | |
| viou | 111 MOI115, MII 40430 | Last 4 digits of account number | | | | | |
| | and Address | On which entry in Part 1 or Part 2 did you | _ | | | | |
| | enity Bank Box 182273 | | Part 1: Creditors with Priority Unsecured Clair | | | | |
| | ımbus, OH 43218 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | | |
| | | Last 4 digits of account number | | | | | |
| Com | and Address prehensive Pain Specialists DFleckenstein Dr | | Ilist the original creditor? Part 1: Creditors with Priority Unsecured Clain Part 2: Creditors with Nonpriority Unsecured | | | | |
| Flint | ;, MI 48507 | Last 4 digits of account number | State of the | | | | |
| Vame | and Address | On which entry in Part 1 or Part 2 did you | ulist the original creditor? | | | | |
| | Samir Elian | | Part 1: Creditors with Priority Unsecured Clair | ms | | | |

Official Form 106 E/F

| Debtor 1 Marion Mundy | | Case number (if known) | | |
|---|---|--|--|--|
| 4455 Town Center Pkwy, A Flint, MI 48532 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| LVNV Funding LLC | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| c/o Halsted Financial Services | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| PO Box 828 Skokie, IL 60076 | | | | |
| Skokie, iL 00070 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 | 2 did you list the original creditor? | | |
| McLaren Medical Group | Line 4.6 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| PO Box 441575 Detroit, MI 48244 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| • | Last 4 digits of account number | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | | | | |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | |
| | 6f. | Student loans | 6f. | Total Claim |
| Total | 01. | Student loans | ы. | \$ 0.00 |
| claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 18,864.95 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 18,864.95 |
| | -, | | • | 10,004.00 |

| Fill in this infor | mation to identify your | case: | | ı | |
|---------------------|--------------------------|--------------------|------------|-------|-------------------|
| Debtor 1 | Marion Mundy | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F MICHIGAN | | |
| Case number | | | | ☐ Che | eck if this is an |
| | | | | _ | ended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 Sugartree Apartments 9070 N Saginaw Rd Mount Morris, MI 48458 | 12 month Residential Lease / Start date: 9-27-2021 / Monthly Rent \$640.00 |

| Fill in this | information to identify your | case: | | | |
|-------------------------------|---|---|-------------------------|--|---------------------------------|
| Debtor 1 | Marion Mundy | | | | |
| Dobtor 2 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filin | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| Case numb | hor | | | | |
| (if known) | | | | ☐ Check if this amended filir | |
| Official | I Form 106H | | | | |
| | ule H: Your Cod | ebtors | | | 12/15 |
| | | | | | ,.0 |
| ill it out, ar our name | | boxes on the left. Attach . Answer every question. | the Additional Page to | If more space is needed, copy the Addititions page. On the top of any Additional Pages a codebtor. | |
| ■ No | | | | | |
| ☐ Yes | | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana | | | (Community property states and territories in the total states and the total states are the total states and the total states are the total states and the total states are the t | clude |
| | | , | , , | , | |
| _ | Go to line 3. | | | | |
| ⊔ Yes | . Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | _ | | | | |
| | □ No □ Yes. | | | | |
| | In which community stat | e or territory did you live? | | . Fill in the name and current address of tha | at person. |
| | | | - | | |
| | City | State | Zip Code | | |
| in line Form 1 out Co | 2 again as a codebtor only | f that person is a guarante | or or cosigner. Make su | your spouse is filing with you. List the per re you have listed the creditor on Schedule S). Use Schedule D, Schedule E/F, or Schedule Column 2: The creditor to whom you owe | e D (Official dule G to fill |
| | Name, Number, Street, City, State and Z | IP Code | | Check all schedules that apply: | e tile debt |
| 3.1 | | | | ☐ Schedule D, line | |
| 1 | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street | Otata | 710.0 - 1- | | |
| (| City | State | ZIP Code | | |
| | | | | | |
| 3.2 | Name | | | ☐ Schedule D, line ☐ Schedule E/F, line | |
| | | | | ☐ Schedule E/F, line | |
| _ | Number Street | | | | |
| | City | State | ZIP Code | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1
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22-30196-jda Doc 1 Filed 02/10/22 Entered 02/10/22 12:45:08 Page 33 of 55

| | in this information to identify your o | | | | | | | | |
|-------------|--|-----------------------------|----------------------------|-------------|-------|------------------|-------------------------------|-------------------------------------|-------------|
| Del | btor 1 Marion Mun | dy | | | _ | | | | |
| | btor 2 | | | | _ | | | | |
| Uni | ited States Bankruptcy Court for the | e: EASTERN DISTRICT | OF MICHIGAN | | _ | | | | |
| | se number | | | | | Check if the | nis is: | | |
| (If kı | nown) | | | | | | ended filin | • | |
| | | | | | | | | owing postpetiti he following da | |
| 0 | fficial Form 106I | | | | | MM / I | DD/ YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The separate sheet to this form. The separate sheet to this form. The separate sheet to this form. | ır spouse is not filing wi | th you, do not inclu | de infori | mati | on about you | r spouse. I | If more space i | s needed, |
| ١. | information. | | Debtor 1 | | | Dek | Debtor 2 or non-filing spouse | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ☐ Employed ■ Not employed | | | | ☐ Employed ■ Not employed | | |
| | | Occupation | . ret ep.eyea | | | | 101 0 | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed the | here? | | | | | | |
| Pai | rt 2: Give Details About Mo | nthly Income | | | | | | | |
| | imate monthly income as of the duse unless you are separated. | late you file this form. If | you have nothing to re | eport for | any | ine, write \$0 i | n the space | e. Include your r | non-filing |
| | ou or your non-filing spouse have m e space, attach a separate sheet to | | ombine the informatio | n for all e | emplo | oyers for that | person on t | he lines below. | If you need |
| | | | | | | For Debtor | | r Debtor 2 or n-filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0 | .00 \$_ | 0.0 | 0_ |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0 | .00_ +\$ | 0.0 | <u>0</u> |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 0.0 | \$ | 0.00 | |

| Debt | tor 1 | Marion Mundy | - | Case r | number (if known) | | |
|------|--|--|------------|----------|-------------------|-------------|--|
| | Сор | y line 4 here | 4. | For I | Debtor 1 | | r Debtor 2 or n-filing spouse 0.00 |
| 5. | Liet | all payroll deductions: | | | | | |
| J. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 0.00 |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | ς – | 0.00 |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$— | 0.00 | \$- | 0.00 |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$- | 0.00 |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 0.00 |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ _ | 0.00 |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$_ | 0.00 |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$_ | 0.00 |
| 8. | 8a. 8b. 8c. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent | 8a. 8b. | \$ \$ | 0.00 | \$_ \$_ | 0.00 0.00 |
| | 00. | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 |
| | 8d. | Unemployment compensation | 8d. | \$— | 0.00 | \$ - | 0.00 |
| | 8e. | Social Security | 8e. | \$- | 1,712.00 | \$- | 0.00 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | 0.00 | \$_ | 0.00 |
| | 8g. | Pension or retirement income | _ 8g. | \$ | 958.22 | \$ | 0.00 |
| | 8h. | Other monthly income. Specify: | 8h.+ | · | 0.00 | , _ | 0.00 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,670.22 | \$_ | 0.00 |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | 10. \$ | 2 | 2,670.22 + \$_ | | 0.00 = \$ 2,670.22 |
| 11 | | e all other regular contributions to the expenses that you list in Schedule | , — | | | | |

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

2,670.22 12. Combined

monthly income

0.00

| 13. | Do you expect an | increase or deci | rease within th | ie year after | r you file this form? |
|-----|------------------|------------------|-----------------|---------------|-----------------------|
|-----|------------------|------------------|-----------------|---------------|-----------------------|

| | N | C |
|---|---|---|
| _ | | • |

Yes. Explain:

| Fill | in this informa | ation to identify yo | our case: | | | | | | | |
|--|--------------------------------|---|------------------|--|-----------------------|-------------------|-----------------|---|--|--|
| | tor 1 | Marion Mun | | | | Checl | c if this is: | | | |
| | Marion Mundy | | | | | An amended filing | | | | |
| | tor 2 ouse, if filing) | | | | | | | ving postpetition chapter the following date: | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN | | | | | | 1 | MM / DD / YYYY | | | |
| | e number nown) | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | |
| Sc | chedule | J: Your | Exper | nses | | | | 12/15 | | |
| info | rmation. If m | | eded, atta | . If two married people and the control of the cont | | | | | | |
| Par | | ribe Your House | hold | | | | | | | |
| 1. | Is this a joir | | | | | | | | | |
| | No. Go to | | • | -1- hh1-10 | | | | | | |
| | | | ın a separ | ate household? | | | | | | |
| | | - | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of Debto | or 2. | | | |
| 2. | Do you hav | e dependents? | ■ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? | | |
| | Do not state | | | | | | | □ No | | |
| | dependents | names. | | | | | | ☐ Yes ☐ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | | □ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | | □ No | | |
| 0 | D | | | | | | | ☐ Yes | | |
| 3. | expenses o | penses include If people other t d your depende | han $_{\square}$ | No Yes | | | | | | |
| Par | t 2: Estim | nate Your Ongoi | ng Month | ly Expenses | | | | | | |
| exp | | a date after the | | uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| | | | | government assistance i | | | | | | |
| | value of suc ficial Form 10 | | d have inc | cluded it on <i>Schedule I:</i> \ | our Income | | Your expe | enses | | |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 640.00 | | |
| | If not include | ded in line 4: | | | | | | | | |
| | 4a. Real | estate taxes | | | | 4a. \$ | | 0.00 | | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4b. \$ | | 12.25 | | |
| | | | • | upkeep expenses | | 4c. \$ | | 35.00 | | |
| _ | | eowner's associa | | | | 4d. \$ | | 0.00 | | |
| 5. | Additional i | mortgage paym | ents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 | | |

Official Form 106J Schedule J: Your Expenses 22-30196-jda Doc 1 Filed 02/10/22 Entered 02/10/22 12:45:08 Page 36 of 55

Official Form 106J Schedule J: Your Expenses 22-30196-jda Doc 1 Filed 02/10/22 Entered 02/10/22 12:45:08 Page 37 of 55

| ebtor 1 | Marion Mundy | | | |
|--|---|---|--|---|
| | First Name | Middle Name | Last Name | |
| ebtor 2 | | | | |
| pouse if, filing) | First Name | Middle Name | Last Name | |
| nited States Ba | ankruptcy Court for the: | EASTERN DISTRICT (| OF MICHIGAN | |
| ase number | | | | |
| known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| u must file thi taining mone | is form whenever you fi y or property by fraud in | ile bankruptcy schedule n connection with a ban | onsible for supplying correct info | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 |
| ou must file thi staining mone ars, or both. 1 | is form whenever you fi | ile bankruptcy schedule n connection with a ban | onsible for supplying correct info | rmation. a false statement, concealing property, or |
| ou must file thi otaining mone ars, or both. 1 | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 |
| ou must file thi otaining mone ars, or both. 1 | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines t | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 |
| ou must file thiotaining money ars, or both. 1 Sig Did you pa | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines t | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 cy forms? Attach Bankruptcy Petition Preparer's Notice |
| Did you pa | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines t | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 cy forms? Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119 |
| u must file thitaining moneyars, or both. 1 Sig Did you pa No Yes. I | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some Name of person alty of perjury, I declare | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines to rney to help you fill out bankrupt nmary and schedules filed with th | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 26 cy forms? Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 11: |
| Did you pa No Ves. Under penathat they ar X /s/ Mai Marior | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 In Below Ay or agree to pay some Name of person Alty of perjury, I declare e true and correct. | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines to rney to help you fill out bankrupt | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 cy forms? Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119 |
| Did you pa No Yes. Under penathat they ar X /s/ Mai Marior Signatu | is form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some Name of person alty of perjury, I declare te true and correct. rion Mundy n Mundy | ile bankruptcy schedule n connection with a ban 1519, and 3571. | onsible for supplying correct info s or amended schedules. Making kruptcy case can result in fines to rney to help you fill out bankrupt nmary and schedules filed with th | rmation. a false statement, concealing property, or up to \$250,000, or imprisonment for up to 20 cy forms? Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119 |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill | in this inforn | nation to identify you | r case: | | | |
|------|---|---|--|---|--|---|
| De | btor 1 | Marion Mundy | | | | |
| | h. (O | First Name | Middle Name | Last Name | | |
| 1 - | btor 2 ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | MICHIGAN | | |
| | se number _ | | | | _ | Check if this is an amended filing |
| St | | of Financial | Affairs for Individ | | | 4/19 |
| info | rmation. If m | | ible. If two married people a attach a separate sheet to stion. | | | |
| Pa | rt 1: Give D | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. | What is you | r current marital statu | ıs? | | | |
| | ☐ Married | | | | | |
| | Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. Lis | t all of the places you | ived in the last 3 years. Do no | ot include where you live now | ٧. | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| | 12066 Par MI 48580 | klane | From-To: 2006 - 9/27/20 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | No Yes. Ma Tt 2 Explai Did you have Fill in the total | ies include Arizona, Ca ake sure you fill out Sca in the Sources of You e any income from er al amount of income yo | ver live with a spouse or leg lifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (Of ar Income nployment or from operatin u received from all jobs and a have income that you receive | vada, New Mexico, Puerto R ificial Form 106H). g a business during this y all businesses, including part | ear or the two previous cale | Wisconsin.) |
| | □ No | | • | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

| Debtor 1 Marion Mundy | | Case | number (if known) | |
|---|--|--|--|---|
| | | | | |
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last calendar year: (January 1 to December 31, 2021) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| For the calendar year before that: (January 1 to December 31, 2020) | ☐ Wages, commissions, bonuses, tips | \$0.00 | ☐ Wages, commissions, bonuses, tips | |
| | ☐ Operating a business | | ☐ Operating a business | |
| winnings. If you are filing a joint cas List each source and the gross inco No Yes. Fill in the details. | | - | • | |
| | Dalifari 4 | | Dalita a O | |
| | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Social Security | \$3,424.00 | | |
| | Pension | \$1,909.64 | | |
| For last calendar year: (January 1 to December 31, 2021) | Social Security | \$16,314.00 | | |
| | Life Insurance Proceeds | \$27,000.00 | | |
| | Pension | \$11,457.84 | | |
| Part 3: List Certain Payments You | Made Before You Filed for | Bankruptcv | | |
| 6. Are either Debtor 1's or Debtor 2 | 's debts primarily consume | r debts? umer debts. Consumer debts | are defined in 11 U.S.C. § 10 | 11(8) as "incurred by an |
| During the 90 days before | ore you filed for bankruptcy. di | id you pay any creditor a total | of \$6,825* or more? | |
| □ No. Go to line 7 | | . , | | |
| Yes List below on paid that cr | each creditor to whom you pa | id a total of \$6,825* or more in | | |

not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

| De | btor 1 M | arion Mun | dy | | Cas | se number (if known) | | |
|-----|--|---|--|--|--|--|------------------------------|--|
| | | | | | | | | |
| | ■ Yes. | | | ove primarily consumer del ed for bankruptcy, did you pa | | al of \$600 or more? | ? | |
| | | ■ No. | Go to line 7. | | | | | |
| | | □ Yes | | itor to whom you paid a total domestic support obligation ruptcy case. | | | | |
| | Creditor | r's Name an | d Address | Dates of payment | Total amount paid | Amount you still owe | Was this p | payment for |
| 7. | Insiders in of which ya busines alimony. | nclude your i you are an o ss you opera | relatives; any general p fficer, director, person i te as a sole proprietor. | tcy, did you make a payme artners; relatives of any gen- n control, or owner of 20% or 11 U.S.C. § 101. Include pay | eral partners; partner r more of their voting | erships of which yo g securities; and a | ou are a gene ny managing | ral partner; corporations agent, including one for |
| | | s Name and | nents to an insider. Address | Dates of payment | Total amount paid | Amount you still owe | Reason fo | r this payment |
| | ■ No □ Yes. | • | debts guaranteed or co ments to an insider Address | signed by an insider. Dates of payment | Total amount | Amount you still owe | | r this payment |
| Pa | rt 4: Ide | entify Legal | Actions, Repossessic | ons, and Foreclosures | | | | |
| 9. | List all su | ich matters, i | | tcy, were you a party in an y cases, small claims actions | | | | |
| | □ No ■ Yes | . Fill in the de | etails | | | | | |
| | Case titl | le | | Nature of the case | Court or agency | | Status of t | the case |
| | | Mundy | e Corporation vs | CIVIL JUDGMENT | 67-3rd District 11820 North Sa Mount Morris, | aginaw Street | ☐ Pendin☐ On app☐ Conclu | peal |
| | | | | | | | Judgmer | nt: \$- 4,591.00 |
| 10. | | | you filed for bankrup nd fill in the details belo | tcy, was any of your prope _{DW} . | erty repossessed, f | oreclosed, garnis | shed, attache | ed, seized, or levied? |
| | | Go to line 11 | formation below. | | | | | |
| | | r Name and | | Describe the Property | | Date | | Value of the |
| | | | | Explain what happened | | | | property |
| | | | | | | | | |

| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | |
|-----|--|-------------|---|-----------------------------------|---------------------------|--|--|
| | Creditor Name and Address | Des | scribe the action the creditor took | Date action was taken | Amount | | |
| 12. | 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of credito court-appointed receiver, a custodian, or another official? | | | efit of creditors, a | | | |
| | ■ No □ Yes | | | | | | |
| Par | t 5: List Certain Gifts and Contribution | ıs | | | | | |
| 13. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift. | uptcy, d | lid you give any gifts with a total value of more t | han \$600 per person' | ? | | |
| | Gifts with a total value of more than \$60 per person | | Describe the gifts | Dates you gave the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | lid you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | |
| | Gifts or contributions to charities that a more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value | | |
| Par | t 6: List Certain Losses | | | | | | |
| 15. | Within 1 year before you filed for bankru or gambling? | ptcy or | since you filed for bankruptcy, did you lose anyt | thing because of thef | t, fire, other disaster, | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Describe the property you lost and how the loss occurred | Include | the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |
| Par | t 7: List Certain Payments or Transfer | s | | | | | |
| 16. | consulted about seeking bankruptcy or | preparin | d you or anyone else acting on your behalf pay on go a bankruptcy petition? s, or credit counseling agencies for services required | | rty to anyone you | | |
| | □ No■ Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Y | ′ ou | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Breckenridge & Davis By: Laura D. Breckenridge By: Stacy M Davis 726 Church Street Flint, MI 48502 | | Attorney Fee on retainer under 2016b Fee Agreement | 01/20/22 | \$718.00 | | |

Case number (if known)

Official Form 107

Debtor 1 Marion Mundy

Debtor 1 Marion Mundy Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and value transferred | alue of any pro _l | perty | Date payment or transfer was made | Amount of payment |
|---|---|---|------------------------------|--------------------|---|---|
| | Credit InfoNet PO Box 73093 Cleveland, OH 44193 | Credit Report | | | 01/20/22 | \$32.00 |
| | Abacus Credit Counseling | Credit Counseli | ing | | 01/17/22 | \$25.00 |
| | ccadvising.org | | | | | |
| | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you | or to make payments | | | or transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | Description and variansferred | alue of any prop | perty | Date payment or transfer was made | Amount of payment |
| 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than pr transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. | | | | | | |
| | Person Who Received Transfer Address | Description and v | | | any property or received or debts change | Date transfer was made |
| 19. | Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | of which you are a | | |
| | Name of trust | Description and v | alue of the prop | erty transferr | red | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposi | t Boxes, and Sto | orage Units | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No Yes. Fill in the details. | other financial accou | nts; certificates | of deposit; sh | | , , |
| | | Last 4 digits of account number | Type of account instrument | clo mo | ite account was osed, sold, oved, or insferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ar before you filed for | bankruptcy, an | y safe deposi | t box or other depos | itory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe the | contents | Do you still have it? |

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

Debtor 1 Marion Mundy Case number (if known)

| 22. | Have you stored property in a storage unit or p | place other than your home within 1 | year before you filed for bankruptcy | ? |
|-------|---|--|--|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Pai | t 9: Identify Property You Hold or Control fo | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Include any proper | rty you borrowed from, are storing for | r, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Pai | tt 10: Give Details About Environmental Inform | , | | |
| For | the purpose of Part 10, the following definition: | s apply: | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these states. | air, land, soil, surface water, ground | · · · · · · · · · · · · · · · · · · · | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | | law, whether you now own, operate, | or utilize it or used |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic s | substance, |
| Rep | ort all notices, releases, and proceedings that | you know about, regardless of wher | n they occurred. | |
| 24. | Has any governmental unit notified you that yo | ou may be liable or potentially liable | under or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | | Cavaramental unit | Environmental law if you | Data of nation |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of an | y release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or admin | istrative proceeding under any envi | ironmental law? Include settlements | and orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Pai | t 11: Give Details About Your Business or Co | nnections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have ar | ny of the following connections to any | y business? |
| | ☐ A sole proprietor or self-employed in a | trade, profession, or other activity, | either full-time or part-time | |
| | ☐ A member of a limited liability compan | y (LLC) or limited liability partnersh | ip (LLP) | |
| Offic | ial Form 107 Statement | t of Financial Affairs for Individuals Filing | g for Bankruptcy | page |

| Deb | tor 1 | Marion Mundy | | Case number (if known) | | | |
|---|------------------------|--|---|--|--|--|--|
| | | | | | | | |
| | | ☐ A partner in a partnership | | | | | |
| | | ☐ An officer, director, or managing ex | ecutive of a corporation | | | | |
| | | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | | | | |
| ■ No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill in the details below for each business. | | | | | |
| | | siness Name | Describe the nature of the business | Employer Identification number | | | |
| | | ddress umber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Do not include Social Security number or ITIN. | | | |
| | | | | Dates business existed | | | |
| 28. | With insti | nin 2 years before you filed for bankrup itutions, creditors, or other parties. | tcy, did you give a financial statement to | anyone about your business? Include all financial | | | |
| | | No | | | | | |
| | | Yes. Fill in the details below. | | | | | |
| | | ne dress nber, Street, City, State and ZIP Code) | Date Issued | | | | |
| Par | 12: | Sign Below | | | | | |
| are t with 18 U | rue a a ba .S.C. | and correct. I understand that making a | | d I declare under penalty of perjury that the answers r obtaining money or property by fraud in connection years, or both. | | | |
| | | Mundy | Signature of Debtor 2 | | | | |
| Sig | natuı | re of Debtor 1 | | | | | |
| Date | e <u>F</u> | February 10, 2022 | Date | | | | |
| Did y | you a | attach additional pages to Your Stateme | ent of Financial Affairs for Individuals Fi | iling for Bankruptcy (Official Form 107)? | | | |
| ■ N | 0 | , - | | | | | |
| ПΥ | es | | | | | | |
| ` | _ | pay or agree to pay someone who is no | t an attorney to help you fill out bankrup | otcy forms? | | | |
| ■ N | - | | | 10: 4 (0%:15 440) | | | |
| ЦY | es. N | lame of Person Attach the <i>Bankru</i> | uptcy Petition Preparer's Notice, Declaration | n, and Signature (Official Form 119). | | | |
| | | | | | | | |

United States Bankruptcy Court

| | | Easter | n District of Michigan | | |
|-------|-----------------|---|---|---|--|
| In re | Marior | n Mundy | | Case No. | |
| | | | Debtor(s) | Chapter | 7 |
| | | | | | |
| | | | <u>DF ATTORNEY FOR DEBT</u> T TO F.R.BANKR.P. 2016(I | | |
| | The und | dersigned, pursuant to F.R.Bankr.P. 2016(b), sta | | | |
| 1. | The und | dersigned is the attorney for the Debtor(s) in this | s case. | | |
| 2. | The cor | npensation paid or agreed to be paid by the Deb | otor(s) to the undersigned is: [0 | Check one] | |
| | [X] | FLAT FEE | | | |
| | A. | For legal services rendered in contemplation exclusive of the filing fee paid | | | 718.00 |
| | B. | Prior to filing this statement, received | | | 718.00 |
| | C. | The unpaid balance due and payable is | | | 0.00 |
| | [] | RETAINER | | | |
| | A. | Amount of retainer received | | | |
| | В. | The undersigned shall bill against the retaine agreed to pay all Court approved fees and ex | | | urly rate schedule.] Debtor(s) have |
| 3. | \$ 0.0 | 0 of the filing fee has been paid. | | | |
| 4. | | n for the above-disclosed fee, I have agreed to ront apply.] | ender legal service for all aspe | ects of the bankrup | cy case, including: [Cross out any |
| | A. | Analysis of the debtor's financial situation, ar bankruptcy; | _ | _ | - |
| | B. C. | Preparation and filing of any petition, schedu Representation of the debtor at the meeting of | | | |
| | D.—— | Representation of the debtor in adversary pro | | | |
| | E. | Reaffirmations; | 6 | 1 3 | , |
| | F. — | Redemptions; | | | |
| | G. | Other: Analysis of the debtor's finances and a Analyzing the debtors credit report; Of affairs to prepare the petitions and schanalysis, model work sheet. Preparati Creditors. Review of proof of claims f discussions/negotiations with creditor Confirmation Hearing Statement and Confirmation. | btaining the necessary in nedules; Preparation of to on of the CMI forms and i iled. Review of objection and/or trustee to resolv | formation regare the debtor's sch income analysis s to Confirmatio re same; Prepara | ding the debtors financial edules, plan, liquidation Attendance at Meeting of ns filed and attendance at Meeting of the filed and attendance at meeting of the filed and attendance at the filed attendance at the filed at |
| 5. | By agre | ement with the debtor(s), the above-disclosed for Representation of the debtors in any duractions or any other adversary proceed | lischargeability actions, j | | dances, relief from stay |
| | | In a Chapter 13 proceeding: All servic \$265.00 per hour. The attorney also had the time spent exceed the approved no shall file an application for allowance fees shall be paid as an administrative | as the option to submit ar o-look fee for our local dis of attorney fees. Subject | n application for strict. The under to court approv | pre-confirmation fees, should signed counsel for debtor al, pre or post-confirmation |
| 5. | The sou | arce of payments to the undersigned was from: | - | - | |

Debtor(s) earnings, wages, compensation for services performed

Other (describe, including the identity of payor)

6.

A.

| | corporation, any compensation paid or to be paid exce | pt as follows: |
|---------|---|---|
| Dated: | February 10, 2022 | /s/ Stacy M. Davis Attorney for the Debtor(s) Stacy M. Davis Breckenridge & Davis 726 Church Street Flint, MI 48502 810-239-4050 stacydavislaw@gmail.com P-65658 MI |
| Agreed: | /s/ Marion Mundy Marion Mundy Debtor | Debtor |

The undersigned has not shared or agreed to share, with any other person, other than with members of the undersigned's law firm or

7.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7 | 7 : | Liquidation |
|-----------|------------|--------------------|
| \$ | 245 | filing fee |
| ; | \$78 | administrative fee |
| + 5 | \$15 | trustee surcharge |
| \$ | 338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

| In re | Marion Mundy | | | Case No. | | |
|---------------------------------|---|---|-----------------|-----------------------|--|--|
| | | Debtor(s) | Chapter | 7 | | |
| VERIFICATION OF CREDITOR MATRIX | | | | | | |
| The ab | ove-named Debtor hereby verifies that the a | ttached list of creditors is true and corre | ect to the best | of his/her knowledge. | | |
| Date: | February 10, 2022 | /s/ Marion Mundy Marion Mundy Signature of Debtor | | | | |

67-3rd District Court Attn: Case No. C20C0132GC 11820 North Saginaw Street Mount Morris, MI 48458

CBC Credit Attn: Bankruptcy Department 804 S. Hamilton St Ste 107 Saginaw, MI 48602

CBM Services Inc. Attn: Bankruptcy Po Box 551 Midland, MI 48640

Check n Go 11962 Saginaw St Mount Morris, MI 48458

CIty of Mt. Morris 11649 N Saginaw St. Mount Morris, MI 48458

Client Financial Services of Michigan 209 South Alloy Drive Fenton, MI 48430

Comenity Bank PO Box 182273 Columbus, OH 43218

Comprehensive Pain Specialists 3400 Fleckenstein Dr Flint, MI 48507

Credit Acceptance Attn: Bankruptcy 25505 West 12 Mile Road Ste 3000 Southfield, MI 48034

Credit Services of Michigan Po Box 6428 Saginaw, MI 48608 Dr. Samir Elian 4455 Town Center Pkwy, A Flint, MI 48532

Genisys Credit Union Attn: Bankruptcy Po Box 436034 Pontiac, MI 48343

Health Care Solutions PO Box 105760 Atlanta, GA 30348-5760

HRRG PO Box 5406 Cincinnati, OH 45273-7942

IC Systems, Inc Attn: Bankruptcy Po Box 64378 St. Paul, MN 55164

Lincare Inc PO Box 105760 Atlanta, GA 30348-5760

LVNV Funding LLC c/o Halsted Financial Services PO Box 828 Skokie, IL 60076

McLaren Medical Group PO Box 441575 Detroit, MI 48244

Mclaren Physicans PP PO Box 775437 Chicago, IL 60677

Merchants & Medical Credit Corp Attn: Bankruptcy 6324 Taylor Drive Flint, MI 48507 Mobiloans, LLC Attn: Bankruptcy Po Box 1409 Marksville, LA 71351

Portfolio Recovery Associates, LLC PO Box 12914 Norfolk, VA 23541

Resurgent Capital Services Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

Revco Solutions PO Box 163279 Columbus, OH 43216-3279

Santander Consumer USA Attn: Bankruptcy Po Box 961245 Fort Worth, TX 76161

Specialized Loan Servicing, LLC Attn: Bankruptcy 8742 Lucent Blvd. Highlands Ranch, CO 80129

Spring Oaks Capital, LLC Attn: Bankruptcy PO Box 1216 Chesapeake, VA 23327

Wakefield & Associates PO Box 59003 Knoxville, TN 37950-0250